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\*\* CONTINUING DATA \*\*\*\*\*

none JMB

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none JMB

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 18	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Catheter connector

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